

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Diane C. Perovich

Full Address 25176 LeChene DR., PASS CHRISTIAN, MS 39571

Telephone 228 255 7020 (Fax) _____

E-mail _____

Office Sought _____ Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

____ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar
year-to-date

Total amount of contributions	\$ 2,800.00	\$
Total amount of disbursements	\$ 4,922.93	\$
Total amount of cash on hand	\$ 4,187.97	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Diane C. Perovich
Signature of Candidate

2-1-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee DIANE C. PERANICH
 Reporting period JAN 1, 09 through DEC 31, 09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Companies</u>	<u>8/31/09</u>	\$ <u>500.00</u>	
Mailing Address <u>One Busch Place</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>St Louis Missouri 63118-1852</u>	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>	
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Zeneca Services</u>	<u>12/15/09</u>	\$ <u>400.00</u>	
Mailing Address <u>1900 Concord Pike P.O. Box 15437</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DIANE C. PERANICH</u>	<u>1/1/</u>	\$ <u>500.00</u>	
Mailing Address <u>500.00 BXP ON SITE Reg. NOT USED</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Deposit BACK TO ACCT (Reg PAID BY STATE)</u>	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>1/1/</u>	\$	
Mailing Address	<u>1/1/</u>	\$	
City, State, Zip Code	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$	

Name of Candidate or Committee DIANE C PERANICHReporting period JAN 1 09 through JAN 31 09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS POWER CO PAC</u>		<u>12/9/09</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 4079</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ASSOC FOR Homecare</u>		<u>12/1/09</u>	\$ <u>300.00</u>
Mailing Address <u>134 FAIRMONT ST STE B</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>CLINTON MS 39053</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HARRAH'S OPERATING COMPANY Inc</u>		<u>9/28/09</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO BOX 22232</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>TULSA, OK 74121-2232</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T MS PAC</u>		<u>10/28/09</u>	\$ <u>200.00</u>
Mailing Address <u>175 E CAPITAL ST.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee

DIANE C PERANICH

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Reporting period

JAN 1, 09

through

Dec 31, 09

ITEMIZED DISBURSEMENTS

A. Full name USM THOMAS L. "Joe" Reeves		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address SCHOLARSHIP Long Beach High GRAD		___/___/___	\$ 500.00
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
B. Full name ✓ PAC House of Rep.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address TACKSON, MS		___/___/___	\$ 1,000.00
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 4,000.00
C. Full name MT ZION METHODIST CHURCH		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address SPONSOR PASS CHRISTIAN		___/___/___	\$ 500.00
City, State, Zip Code BASKETBALL BUS TO STATE CHAMP.		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
D. Full name MUSIC IN THE AIR		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address ADV. SPONSOR PASS CHRISTIAN		___/___/___	\$
City, State, Zip Code SCHOLARSHIP		___/___/___	\$ 500.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
E. Full name PINK HEART FUNDS		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address ADV PROGRAM CANCER FUNDRAISER		___/___/___	\$ 200.00
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name PINK HEART FUNDS		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address ADV PROGRAM		___/___/___	\$ 125.00
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 325.00

Name of Candidate or Committee

DIANE C PERKINICH

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Reporting period

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through

Dec 31, 09

ITEMIZED DISBURSEMENTS

A. Full name Blue Skies Gallery + Frame		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address DAVIS AVE PASS CHRISTIAN		___/___/___	\$ 4,097.93
City, State, Zip Code Primm Commissioning Res.		___/___/___	\$
Purpose of Disbursement (Optional) 09 Session Champion Team		Aggregate Year-to-date	\$ 4,097.93
B. Full name Billy McCoy		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Speaker House of Rep		___/___/___	\$ 500.00
City, State, Zip Code JACKSON, MS		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
C. Full name DIANE C PERKINICH		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address ON SITE Reg NCSL		___/___/___	\$ 500.00
City, State, Zip Code (NOT USED EXP PAID BY STATE)		___/___/___	\$
Purpose of Disbursement (Optional) Deposit of 500.00 Back to acct.		Aggregate Year-to-date	\$ Deposit Back to acct.
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$